From:

**CLK Council Info** 

Sent:

Wednesday, September 02, 2015 9:29 AM

Subject:

Council Speaker Registration/Testimony

## Testimony

All fields marked "(\*)" are required and must be completed in order for this form to be valid. Note: Registrations are not accepted prior to the agendas being posted.

Name(\*)

Dawn Bruns

Phone (\*)

(808) 927-4602

Email (\*)

dawnbbruns@gmail.com

Meeting Date (\*)

2015-09-02

Council/PH Committee (\*)

Council

Agenda Item (\*)

Bill 20, CD1

Your position on the matter (\*)

Support

Representing (\*)

Self

Organization

Do you wish to speak at the hearing? (\*)

No

Written Testimony

**Testimony Attachment** 

Accept Terms and Conditions (\*)

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